## 

Use

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## STATEMENT OF **ORGANIZATION**

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**FEC** 2015 AUG 31 AM 11: 47 FORM 1 Office Use Only NAME OF Example:If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee to Elect Glenn Geissinger Box 445 ADDRESS (number and street) (Check if address 18091 is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ıqlennpa1,7@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Joseph G Moyer Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, emboeous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission

Toll Free 800-424-9530

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(Revised 02/2009)